



**Only 1
tablet B.I.D.**

New convenience
Gantanol[®] DS
sulfamethoxazole/Roche
double-strength dosage form
for acute cystitis* patients

*nonobstructed; due to susceptible organisms

New Gantanol® DS (sulfamethoxazole) tablets offer even greater convenience and economy for your patients with acute, nonobstructed cystitis due to susceptible strains of *E. coli*, *Klebsiella-Aerobacter*, staphylococcus, *Proteus mirabilis* and, less frequently, *Proteus vulgaris*...

- The same amount of medication, the same efficacy, with only *half* the number of tablets per day.
- Simplified dosage regimen encourages patient compliance: 2 tablets (1 Gm each) STAT—then 1 tablet B.I.D. for 10 to 14 days.
- Clinical efficacy so basic you can start cystitis therapy even before culture results are available.

- In a clinical study of 406 patients on Gantanol (sulfamethoxazole) B.I.D., close to 9 out of 10 patients achieved negative urine cultures. While Gantanol tablets were used in this study, one Gantanol DS tablet has been proved bioequivalent to two Gantanol tablets.*

Gantanol is contraindicated during pregnancy, during the nursing period, and in infants under 2 months. During therapy, maintain adequate fluid intake, perform frequent CBC's and urinalyses with careful microscopic examination.

*Data on file, Hoffmann-La Roche Inc., Nutley, New Jersey.

and economy

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Acute, recurrent or chronic urinary tract infections (primarily pyelonephritis, pyelitis and cystitis) due to susceptible organisms (usually *E. coli*, *Klebsiella-Aerobacter*, staphylococcus, *Proteus mirabilis* and, less frequently, *Proteus vulgaris*), in the absence of obstructive uropathy or foreign bodies. Note: Carefully coordinate *in vitro* sulfonamide sensitivity tests with bacteriologic and clinical response; add aminobenzoic acid to follow-up culture media. The increasing frequency of resistant organisms limits the usefulness of antibacterials including sulfonamides, especially in chronic or recurrent urinary tract infections. Measure sulfonamide blood levels as variations may occur; 20 mg/100 ml should be maximum total level.

Contraindications: Sulfonamide hypersensitivity; pregnancy at term and during nursing period; infants less than two months of age.

Warnings: Safety during pregnancy has not been established. Sulfonamides should not be used for group A beta-hemolytic streptococcal infections and will not eradicate or prevent sequelae (rheumatic fever, glomerulonephritis) of such infections. Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been reported and early clinical signs (sore throat, fever, pallor, purpura or jaundice) may indicate serious blood disorders. Frequent CBC and urinalysis with microscopic examination are recommended during sulfonamide therapy. Insufficient data on children under six with chronic renal disease.

Precautions: Use cautiously in patients with impaired renal or hepatic function, severe allergy, bronchial asthma; in glucose-6-phosphate dehydrogenase-deficient individuals in whom dose-related hemolysis may occur. Maintain adequate fluid intake to prevent crystalluria and stone formation.

Adverse Reactions: *Blood dyscrasias* (agranulocytosis, aplastic anemia, thrombocytopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia); *allergic reactions* (erythema multiforme, skin eruptions, epidermal necrolysis, urticaria, serum sickness,

pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis); *gastrointestinal reactions* (nausea, emesis, abdominal pains, hepatitis, diarrhea, anorexia, pancreatitis and stomatitis); *CNS reactions* (headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo and insomnia); *miscellaneous reactions* (drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L.E. phenomenon). Due to certain chemical similarities with some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia as well as thyroid malignancies in rats following long-term administration. Cross-sensitivity with these agents may exist.

Dosage: Systemic sulfonamides are contraindicated in infants under 2 months of age (except adjunctively with pyrimethamine in congenital toxoplasmosis). *Usual adult dosage:* 2 Gm (2 DS tabs or 4 tabs or 4 teasp.) initially, then 1 Gm *b.i.d.* or *t.i.d.* depending on severity of infection.

Usual child's dosage: 0.5 Gm (1 tab or teasp.)/20 lbs of body weight initially, then 0.25 Gm/20 lbs *b.i.d.* Maximum dose should not exceed 75 mg/kg/24 hrs.

Supplied: DS (double strength) tablets, 1 Gm sulfamethoxazole; Tablets, 0.5 Gm sulfamethoxazole; Suspension, 0.5 Gm sulfamethoxazole/teaspoonful.

Basic therapy with convenience and economy:
Gantanol® (sulfamethoxazole)Roche®

Basic therapy with even more convenience and economy:

Gantanol® DS (sulfamethoxazole)Roche®



Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110





Answer calls from worried mothers with The Recommendables™

- **TRIAMINIC® SYRUP:** "The Orange Medicine" for stuffed and runny noses. Nonalcoholic.
- **TRIAMINIC® EXPECTORANT:** For unproductive coughs and stuffed, runny noses.
- **TRIAMINICOL® COUGH SYRUP:** For coughs requiring an antitussive and for relief of stuffed, runny noses. Nonnarcotic; nonalcoholic.
- **DORCOL® PEDIATRIC COUGH SYRUP:** Full-teaspoon pediatric dosage for cough and nasal congestion, without narcotics or antihistamines.

The Recommendables™ line does not contain FD&C yellow #5 (tartrazine dye).

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OL-Y1

TRIAMTERENE CONSERVES POTASSIUM WHILE HYDROCHLOROTHIAZIDE LOWERS BLOOD PRESSURE **DYAZIDE®**

Each capsule contains 50 mg. of Dyrenium® (triamterene, SK&F Co.) and 25 mg. of hydrochlorothiazide.

MAKES SENSE

Before prescribing, see complete prescribing information in SK&F Co. literature or PDR. A brief summary follows:

Warning

This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

*** Indications:** When the combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium sparing action of triamterene is warranted. (See Box Warning.) Routine use of diuretics in healthy pregnant women is inappropriate; they are indicated in pregnancy only when edema is due to pathological causes.

Contraindications: Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can be associated with cardiac irregularities; it is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K^+ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K^+ intake. Associated widened QRS complex or arrhythmia requires prompt additional therapy. Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

Precautions: Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids).

Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K^+ frequently; both can cause K^+ retention and elevated serum K^+ . Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis.

'Dyazide' interferes with fluorescent measurement of quinidine.

Adverse Reactions:

Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions;

nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

**FOR LONG-TERM CONTROL
OF HYPERTENSION*
SERUM K^+ AND BUN SHOULD
BE CHECKED PERIODICALLY.
(SEE WARNINGS SECTION.)**

SK&F CO., Carolina, P.R. 00630

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a SmithKline company

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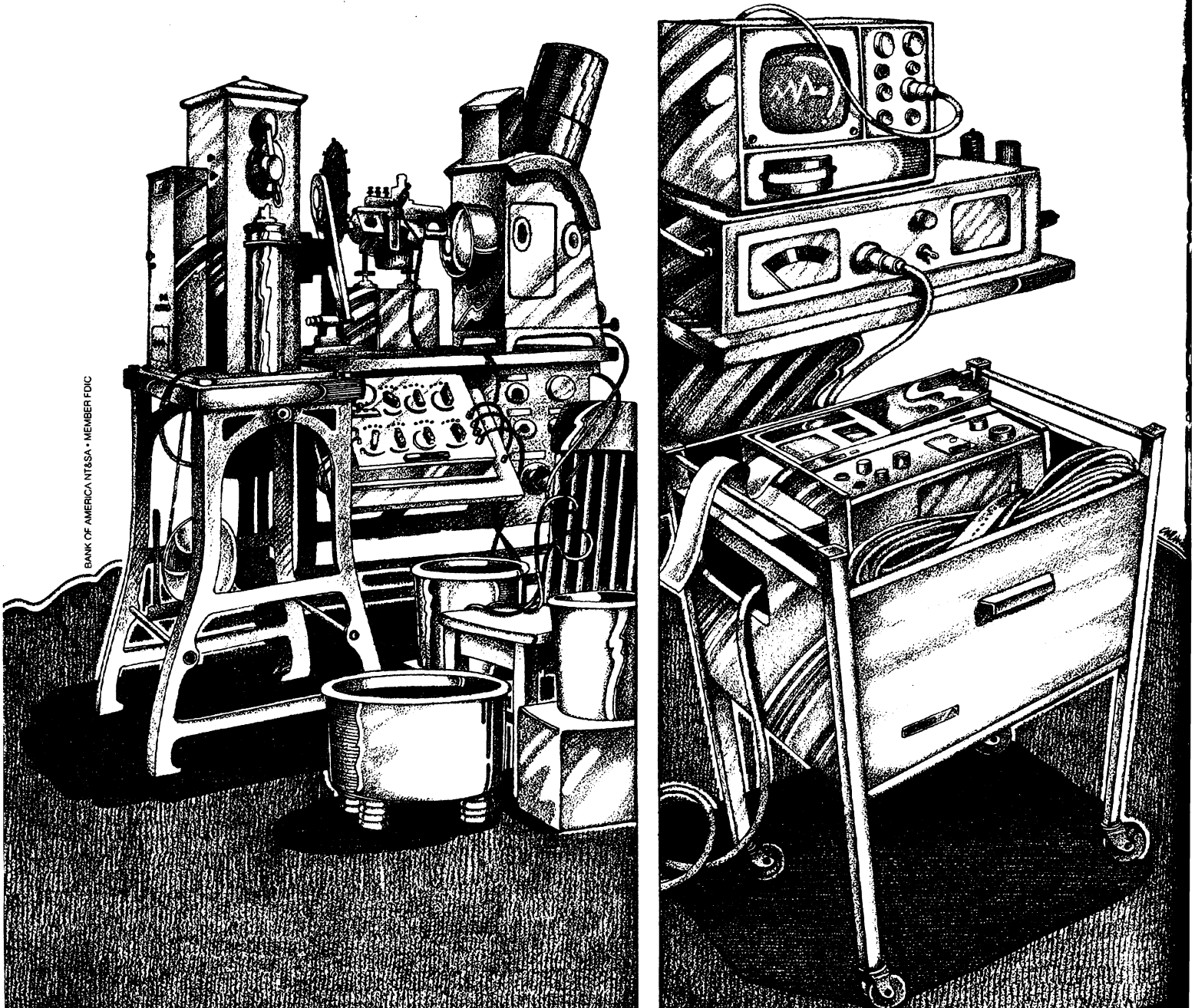
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• WJM-8

**There are only five major national
brand name generic manufacturers:**

**PUREPAC
Pfizer
Parke-Davis
SmithKline
Lederle**

**Here are some important facts
you should know about PUREPAC generics**

PUREPAC's national brand of generics are priced substantially lower than any of the other four brands, thereby saving your patients money on prescription drugs.

PUREPAC manufactures all major generic products in its own plants. The other four companies have many of their generic products made by smaller outside contract manufacturers.

The latest national study* (American Druggist magazine) reports pharmacists

prefer PUREPAC over every other pharmaceutical company with a generic line including Pfizer, Parke-Davis, SmithKline and Lederle.

PUREPAC has a more extensive generic line than the other four national brand generics.

Bio-availability data of PUREPAC manufactured pharmaceuticals and generic reference chart are available upon request.

Manufacturers of Fine Pharmaceuticals for Over 48 Years

*Copies of this study and PUREPAC's annual report are available upon request.



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**The only one
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when erythromycin therapy
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**May be taken before,
after or with meals**



ROOSEVELT PROCLAIMS WOMAN SUFFRAGE

Signs Certificate of Ratification at His Home Without Women Witnesses.

WOMEN VEXED AT PRIVACY.

Shows Movies of Ceremony, Both Factions Are

Aug. 26, 1920



Social Security Bill Is Signed; Gives Pensions to Aged, Jobless

Roosevelt Approves Message Intended to Benefit 30,000,000 Persons When States Adopt Cooperating Laws—He Calls the Measure 'Cornerstone' of His Economic Program

SENATE APPROVES 18-YEAR OLD VOTE IN ALL ELECTIONS

Amendment to Constitution is Sent to House, Where Passage is Expected

WASHINGTON, March 18, 1971—The Senate today, 94 to 0, approved

WASHINGTON, Aug. 14, 1935
The Social Security Bill, providing a broad program of unemployment insurance and old age pensions and counted upon to benefit 20,000,000 persons, became law today when it was signed by President Roosevelt in the presence of those chiefly responsible for bringing it through Congress.

Mr. Roosevelt called the measure "the cornerstone in a structure which is being built for the future of the nation."

TRUMAN CLOSES UNITED NATIONS CONFERENCE WITH PLEA TO TRANSLATE CHARTER INTO DEEDS

NEW WORLD HOPE

President Hails 'Great Moment of Peace'

HISTORIC LANDMARK

"If we fail to use it," he declared to the solemn final meeting of the delegates, "we shall betray all of those who have died in order that we might meet here in freedom and safety to create it."

"If we seek to use it selfishly—for the advantage of any one nation or group of nations—we shall have failed."

President Truman's address to the United Nations Conference on the Prevention and Punishment of Crimes Against Humanity and Genocide, which opened in San Francisco today, was hailed as one of the most important in the history of the United States.

the Draft Ends Now

PATIENT PACKAGE INSERTS: A CONCEPT WHOSE TIME HAS COME?

The consumer's right to know is an irreversible and desirable trend of the Seventies. It extends, and properly, to a patient's right to know more about his or her prescription medications. One way, gaining favor, is through patient package inserts. Wisely-prepared and properly distributed when medically indicated, they could markedly improve patient knowledge and drug therapy—laudable goals by anyone's standards.

The PMA endorses these goals and will work with government, the health professions and consumers to achieve them.

The Advantages

The concept holds promise of benefits: better patient understanding of the product prescribed, better adherence to the treatment plan, and more awareness of possible side reactions.

Every doctor has had patients who fail to finish antibiotic regimens because they feel better. Some patients assume that if one tranquilizer or analgesic is good, two may be twice as good. Still others fail to report dizziness while on antihypertensive therapy—and so on.

Problems like these might arise less often if the patient received written information in addition to verbal instructions. Some studies suggest that patients are more receptive to such materials, and they more often understand the verbal instructions and follow them, when inserts are used.

The Disadvantages

There are also some potential problems. Obviously, the inserts must be clearly phrased, without extraneous or complex detail. How much information

is enough? How can it be kept current? Should all patients receive the same information? Should inserts be included with all drugs? Should only potential problems be listed or are patients better off with a "fair balance" presentation that describes usefulness as well as drawbacks?

These and similar questions require answers, since model inserts have yet to be properly developed and tested. Despite the need for these studies, the FDA is proceeding prematurely with inserts on selected products. We think the Congress is the only place where the matter can be given the proper legal status and direction, particularly since it represents a conceptual change in the legal, medical and social framework of the nation's prescription drug information system.

The Solution

The PMA believes that carefully-devised pilot studies of various kinds of inserts are needed. They should be developed and implemented with full participation by doctors, pharmacists, consumers, communications experts and the drug industry. Such studies will provide reliable pathways to follow, so that inserts will be useful aids to medical practice.

And particularly we think that you should be closely involved in this debate and in these studies and decisions. Otherwise, people with less experience and qualifications may control the purposes, content and use of a tool with considerable promise for improved patient care. It could make a difference in your practice tomorrow, and more importantly, in the health of your patients.



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**For the patient
with duodenal ulcer*,
consider the multiple
benefits of
Librax®**

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.

antianxiety/antisecretory/antispasmodic

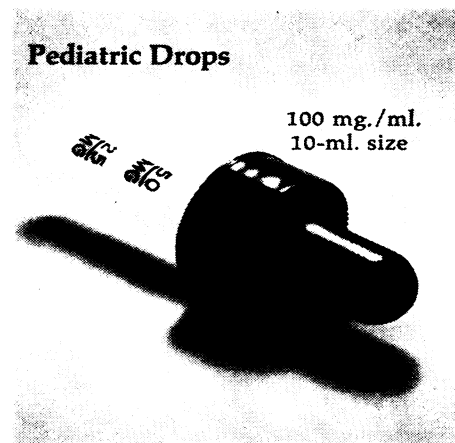
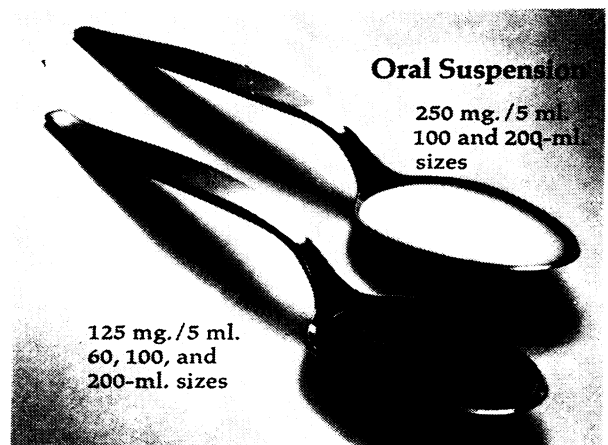


**For mild to severe psychovisceral symptoms of duodenal ulcer
Adjunctive Librax®**

*This drug has been evaluated as possibly effective for this indication.
Please see brief summary of prescribing information on preceding page.



easy to take



Keflex®

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Additional information available to the profession on request.
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WSMA 88th Annual Meeting Washington State Medical Association

SEPTEMBER 22-25, 1977 • WASHINGTON PLAZA HOTEL • SEATTLE

Guest Speakers

DAVID V. BATES, MD, Vancouver, BC
*Dean of the Faculty of Medicine,
University of British Columbia*

- Responses of the Lung to Environmental Injury

THEODORE COOPER, MD, Washington, DC
*Former Assistant Secretary for Health,
U.S. Department of Health, Education, and Welfare*

- The Good and the Bad About the Government's Impact on Medical Care

WILLIAM P. DAINES, MD, San Francisco, CA
President, American Society of Internal Medicine

- The Federated Council for Internal Medicine—What It Does for the Internist

PHILIP D. HANSTEN, Pharm.D., Pullman, WA
*Assistant Professor of Clinical Pharmacology,
Washington State University*

- Drug Interactions

RICHARD W. MORIARTY, MD, Pittsburgh, PA
*Director, Poison Control, Children's Hospital;
Director, National Poison Center Network*

- Ten Most Common Poisonings

JACK D. MYERS, MD, Pittsburgh, PA
President, The American College of Physicians

- The Regulation of Cost and Quality Care—Are the Results Less Cost, More Quality?
- The Computer as a Consultant in Medicine

TOM E. NESBITT, MD, Nashville, TN
President-Elect, American Medical Association

- The State of the Nation's Health

WILLIAM D. ODELL, MD, PhD, Los Angeles, CA
*Professor of Medicine and Physiology,
UCLA School of Medicine;
Chairman, Department of Medicine,
UCLA Harbor General Hospital*

- The Hypothalamus and Pituitary Overview

GARY S. RACHELEFSKY, MD, Los Angeles, CA
*Associate Clinical Professor of Pediatrics and
Director of the Pediatric Allergy Clinic, UCLA*

- Sinus Disease in Allergic Children

BARRY H. RUMACK, MD, Denver, CO
Director, Rocky Mountain Poison Center

- Tertiary Care Procedures

SIDNEY SMITH, MD, Denver, CO
*Director, Cardiovascular Laboratories,
University of Colorado*

- Myocardial Preservation in Acute Infarction
- Medical Treatment of Stable Coronary Heart Disease

K. C. WONG, MD, PhD, Salt Lake City, UT
*Professor and Chairman, Department of Anesthesiology,
University of Utah*

- Drug Interactions Involving the Sympathetic Nervous System
- Narcotics—The Long and Short of Them

SCIENTIFIC SESSIONS

- Allergy
- Anesthesiology
- Emergency Medicine
- Internal Medicine
- Lung Disease
- Ophthalmology
- Pediatrics/Toxicology
- Psychiatry

SCIENTIFIC EXHIBITS

- Orthopedic Applications of Computed Transaxial Tomography
- Psychopharmaceuticals
- Hearing Aids and the Physician
- Surgical Repair of Annulo-Aortic Ectasia
- Ultrastructural Diagnosis of Head and Neck Tumors
- Coronary Artery Bypass Graft Surgery: Long-Term Results
- Closed Intramedullary Nailing of the Femur

A preliminary copy of the scientific program will be mailed in mid-August to all WSMA members and is available to nonmembers by writing to:

WSMA Convention Manager
900 United Airlines Building
2033 Sixth Avenue
Seattle, Washington 98121

New tablet size announcement

Septra[®]

Each tablet contains:
**80 mg trimethoprim and
400 mg sulfamethoxazole**

OLD SIZE: NEW SIZE:



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OLD SIZE: NEW SIZE:



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FAMILY PRACTITIONERS wanted for fresh approach to Primary Care. All administrative headaches eliminated. No financial risks. Hospital-based practices in several Northern California areas with variety of town sizes and climates. FFS with \$40,000 annual guarantee, life, health and disability insurance; pension plan; moving expenses. Minimal nightcall; ER back-up. Contact EMS, 2310 Mason St., San Francisco, CA 94133. (415) 956-5900.

RESIDENCY IN PHYSICAL MEDICINE AND REHABILITATION—Approved three year residency program — Stanford University affiliation with Santa Clara Valley Medical Center and V.A. Comprehensive clinical training in Physical Medicine and Rehabilitation including specialized programs in Spinal Cord Injury, Acute Head Injury, Burns, Electrodiagnosis, Pediatrics and Arthritis. A 70 bed acute rehabilitation program in large university affiliated hospital. Visiting professor program and multi-disciplinary staff. Opportunities for research and teaching. For further information contact: Glenn G. Reynolds, MD, Chairman, Physical Medicine and Rehabilitation, Santa Clara Valley Medical Center, 751 South Bascom Avenue, San Jose, CA 95128.

NATIONAL SPINAL CORD INJURY FELLOWSHIP—The California Regional Spinal Cord Injury Care System offers a HEW/Rehabilitation Services Administration funded Spinal Cord Injury Fellowship at Santa Clara Valley Medical Center to physicians, Board eligible or Board certified, in a medical or surgical related specialty, i.e., Orthopedics, Urology, Internal Medicine, etc. The fellowship is one year in length and includes short rotating experiences in one or more other National Regional Spinal Cord Injury Centers, not to exceed four weeks. For further information contact: Glenn G. Reynolds, MD, Chairman, Physical Medicine and Rehabilitation, Santa Clara Valley Medical Center, 751 South Bascom Avenue, San Jose, California 95128.

OB/GYN for Medical Group. Complete x-ray and laboratory facilities. Starting salary \$4,000 per month with increments to follow until eventual partnership is reached. Free health and accident insurance, and medical association dues. Contact Mr. Fine, 2675 E Slauson Ave., Huntington Park, CA 90255. (213) 589-6681.

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- Opening for **associate**—prefer younger man completing last year residency.
- Associate to come in with **totally equal partner rights**, beginning Day 1.
- Senior man plans complete retirement in 3 years.
- Send Curriculum Vitae to **Michael L. Kamm, MD, 1855 San Miguel Dr., Suite 29, Walnut Creek, CA 94596** or call: Office (415) 937-6166; Home (415) 254-3430.

FAMILY PHYSICIANS NEEDED—San Francisco Bay Area 90 bed general acute hospital with an active staff of 56 physicians. Office space available adjacent to hospital at very attractive terms. For information contact: G. W. Wood, Administrator, Oakland Hospital, 2648 E. 14th Street, Oakland, California 94601, phone area code 415/532-3300.

GP NEEDED FOR MEDICAL GROUP—Complete x-ray & lab facilities general hospital ½ block away. Starting salary \$4,000.00 per mo. with increments to follow until eventual partnership is reached. Free health & accident insurance, & medical assn. dues. Contact Mr. Ira Fine, 2675 E. Slauson Ave., Huntington Park, Ca. (213) 589-6681.

MEMORIAL HOSPITAL MEDICAL CENTER OF LONG BEACH, in cooperation with the College of Medicine at the University of California Irvine, is recruiting an assistant director for the Family Practice residency program. The program is affiliated with the College of Medicine; Assistant Director will hold a position in the Department of Family Medicine at the Assistant or Associate Professor level. Board certification or qualification required. Duties to include inpatient attending rounds and supervision in teaching in Family Practice Center. Applications from qualified candidates are welcome. Minorities and women encouraged to apply. Send curriculum vitae and names and addresses of three references to Gene Ray Bouch, MD, Memorial Family Practice Center, 2701 Atlantic Ave., Long Beach, CA 90806.

PHYSICIANS NEEDED—M.D.'s or D.O.'s, G.P.'s or Specialists. New 5 man clinic or solo practice. Modern Hospital, rural community, crime rate non-existent. No drug problems, reasonable malpractice, plenty hunting and fishing. Northwest Missouri. Call Collect (816) 726-5221 or (816) 726-5228.

MEDICAL DIRECTOR—Fresno County Department of Health, Outpatient Family Planning Facility desires a full time Medical Director. Forty hour week. No abortions. Contact range \$44,000 to \$48,000 depending on qualifications and experience. Vacation, paid malpractice, and educational leave available. Staff privileges at teaching hospital available to appropriate candidate. Board certified OB-Gyn (or eligible). Fresno is a delightful city of 186,000 located three hours by car from San Francisco, Los Angeles, Yosemite, and Pacific Coast. Write Ms. Zoe Ann Conley, P.O. Box 11867, Fresno, California 93775, or call (209) 488-3782 collect.

CALIFORNIA, Santa Clara County: Experienced, career-oriented emergency physicians wanted to join well established group. Fee-for-service compensation. Position available immediately. Please direct inquiries with curriculum vitae to Associated Emergency Physicians, Inc., 1530 The Alameda, No. 28, San Jose, CA 95126 or phone: (408) 956-5900.

ORTHOPEDIC SURGEON—Major midwestern teaching and research medical center has a career opportunity for a Board certified or Board eligible Orthopedic Surgeon. The appointment would encompass activities at our central campus and our newly established suburban clinics. Affiliation with several major medical universities affords additional teaching opportunities.

Individual based salary, commensurate with experience and comprehensive benefits are offered. These include: malpractice insurance, Retirement Plan, BC/BS Master Medical, life, accident, travel and dental insurance coverage, as well as a lease car plan and many extras.

Interested parties should send their curriculum vitae in strict confidence to Box 5937, Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

(Continued on Page 20)

PHYSICIANS

BETTER LIVING THROUGH MEDICINE

If you'd really rather be somewhere else, let us give you a hand. We at Hospital Corporation of America provide opportunities for qualified physicians interested in changing their practice and moving to more pleasant surroundings. We provide this service absolutely free with no obligation for over 90 communities throughout the U.S. from Miami to San Francisco.

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NEW LICENSE 84-1004 MEDICAL LICENSE 05

PATIENT **SMITH, MARY G.**

AGE/SEX **63/F**
SPECIMEN NO. **117144-1**
PANEL **M-42**

COLLECTED **5-23-77**
RECEIVED **5-25-77**
REPORTED **5-26-77**
06:00
10:47

REFERRED BY:

222224
JOHN T. DOE, M.D.
DOE CLINIC
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PHILADELPHIA PA 19104

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ANESTHESIOLOGIST—Major midwestern teaching and research medical center has opportunities available for Board certified or Board eligible Anesthesiologists for the positions of Senior Staff Physicians, Department of Anesthesiology.

The appointment affords the benefits of practicing as a member of a "closed staff" group practice with major facilities which include a 1,100 bed teaching hospital and 39 medical specialties located at a central city clinic and three suburban satellite clinics. Affiliation with several major medical universities affords additional teaching opportunities.

Salary and fringe benefits are competitive and the latter includes: malpractice insurance, generous vacation and travel time, a sound disability insurance, as well as life insurance, a tax sheltered annuity, a low cost lease car plan along with many other benefits.

Interested parties should forward their curriculum vitae in strict confidence to Box 5938, Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

OTOLARYNOLOGIST — Major midwestern teaching and research medical center has a career opportunity for a Board certified or Board eligible Otolaryngologist. The appointment would encompass activities at our central campus and our newly established suburban clinics. Affiliation with several major medical universities affords additional teaching opportunities.

Individual based salary, commensurate with experience and comprehensive benefits are offered. These include: malpractice insurance, Retirement Plan, BC/BS Master Medical, life, accident, travel and dental insurance coverage, as well as a lease car plan and many extras.

Interested parties should send their curriculum vitae in strict confidence to Box 5939, Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

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PHYSICIANS WANTED

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Interested parties should forward their curriculum vitae in strict confidence to Box 5935, Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

GENERAL INTERNIST—Major midwestern teaching and research medical center has an opportunity available for a Board certified Internist for the position of Senior Staff Physician Department of Medicine.

The appointment affords the benefits of practicing as a member of a "closed staff" group practice with major facilities which include a 1,100 bed teaching hospital and 39 medical specialties located at a central city clinic and three suburban satellite clinics. Affiliation with several major medical universities affords additional teaching opportunities.

Salary and fringe benefits are competitive and the latter includes: malpractice insurance, generous vacation and travel time, a sound disability insurance, as well as life insurance, a tax sheltered annuity, a low cost lease car plan along with many other benefits.

Interested parties should forward their curriculum vitae in strict confidence to Box 5936, Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

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THE CALIFORNIA HEALTH SERVICES CORPS has opportunities for primary care physicians in mountain, desert and agricultural areas of California. Malpractice coverage is provided in addition to state equivalent salary and benefits. Contact Rural Health Section, State Department of Health, 714 "P" Street, Room 476, Sacramento, Ca. 95814. (916) 322-4704.

CALIFORNIA—Board Certified Anesthesiologist for Chief, Anesthesia Section needed at VA Hospital, Livermore, CA. Ideal living, good climate and clean air. Malpractice insurance not needed. Position will be available in August. Salary dependent on experience and qualifications. Contact: Byron V. Whitney, MD, FACS, Chief, Surgical Service, Veterans Administration Hospital, Livermore, CA 94550, Tel: (415) 447-2560, Ext. 213.

OB-GYN—We are seeking a Board Certified or eligible physician to replace an OB partner lost because of health reasons. We are a 20 physician, multi-specialty group located 55 miles northwest of Chicago in the Chain-O-Lakes resort area with easy access to the city. Our candidate will step into an active three man OB-GYN practice with incentive pay from day one (with a guaranteed minimum draw), malpractice paid, excellent fringe benefits. Our group is physically adjacent to a 144 bed general community hospital and State Trauma Center. Call or write Jim Dickson, McHenry Medical Group, 1110 North Green Street, McHenry, Illinois 60050 - 815/385-1050.

ALLERGIST—Major midwestern teaching and research medical center has a career opportunity for a Board certified or Board eligible Allergist. The appointment would encompass activities at our central campus and our newly established suburban clinics. Affiliation, with several major medical universities affords additional teaching opportunities.

Individual based salary, commensurate with experience and comprehensive benefits are offered. These include: malpractice insurance, Retirement Plan, BC/BS Master Medical, life, accident, travel and dental insurance coverage, as well as a lease car plan and many extras.

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CLINICAL CARDIOLOGIST—Eastbay (Oakland) county teaching hospital. Invasive and non-invasive techniques. Must have extensive Echo experience to develop our Cardiac Echo Dept. Starting salary approximately \$40,000 and private practice permitted. Inquiries and C.V. to W. Stullman, MD, Highland General Hospital, 1411 E. 31st St., Oakland, CA 94602, or call (415) 534-8055, Ext. 613.

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ANESTHESIOLOGIST, Board Certified or Board Eligible. OB and general surgery. 600--bed progressive hospital. Compensation negotiable. Administration, Sutter Community Hospitals, 2820 L Street, Sacramento, CA 95816.

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SITUATIONS WANTED

CARDIOLOGIST, 29, ABIM, University trained seeks practice along coast in Southern or central California. Available July 1, 1978. Write Box 5942, Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

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(Continued on Page 28)

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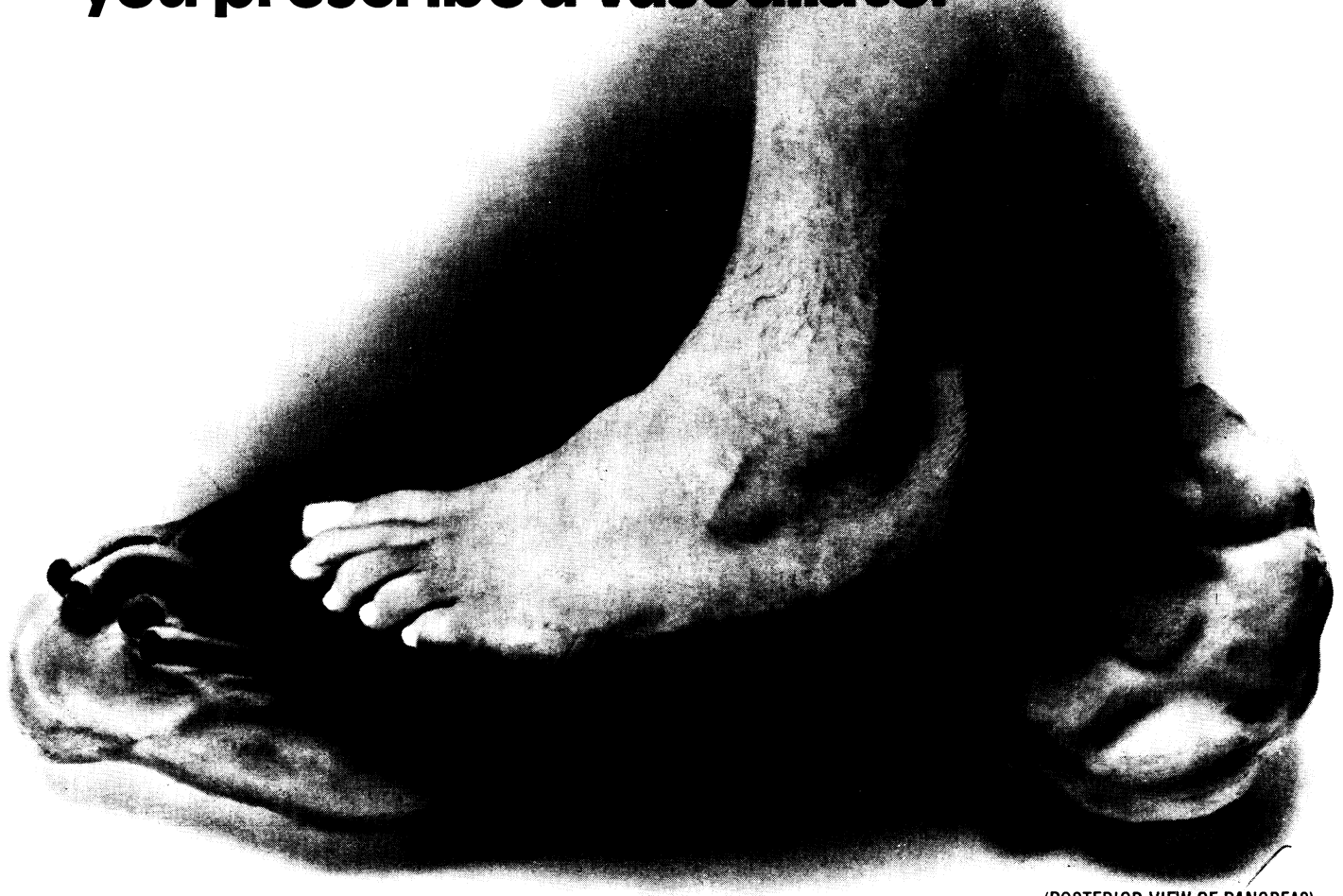
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1. For the relief of symptoms associated with cerebral vascular insufficiency.
2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's Disease) and Raynaud's disease.

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Vasodilan injection, isoxsuprine HCl, 5 mg., per ml.

Dosage and Administration: Oral: 10 to 20 mg., three or four times daily.

Intramuscular: 5 to 10 mg. (1 or 2 ml.) two or three times daily. Intramuscular administration may be used initially in severe or acute conditions.

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Parenteral administration is not recommended in the presence of hypotension or tachycardia.

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